

GRANBY POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police at the following address or email: Chief Carl Rosensweig, Granby Police Department, 15 North Granby Road, Granby, CT 06035.
Email: crosensweig@granby-ct.gov

Date of Incident	Time of Incident	Date Reported	Time Reported		
Location of Incident					
Complainant's Name		Complainant's Address (Street, City, State, ZIP)			
Complainant's DOB	Complainant's Home Phone#	Complainant's Work Phone#			
Complainant's Cell Phone#		Complainant's E-mail			
Employer		Occupation			
Employer's Address			Employer's Telephone		
Name of Person Assisting Complainant	Address		Telephone		
Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)					
Witness Information (Name, D.O.B., Address, Telephone #, etc.)					
Please provide answers to the following questions:			YES	NO	UNSURE
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If you answered "Yes" to any of the above questions, please provide details below.)					

[illegible]

I have read, or had read to me, the above and attached complaint and statement consisting of ____ pages. All of the answers are true and accurate to my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
On this the ____ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number:

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Method of Contact (Check): ☐ Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other

Signature of person receiving complaint	IA Number
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GRANBY POLICE DEPARTMENT

Citizen Complaint Statement

Please provide a written sworn statement describing the incident in detail. Articulate the type of complaint and the details of each allegation.

The following is a statement by _____

Taken at _____

I, _____, do hereby make the following statement of my own free will without fear, threats or promises of any kind and knowing that same may be used in court against me, and that false statements are punishable by law.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

Signature: _____

Witness _____

Granby Police Department

GRANBY POLICE DEPARTMENT

Citizen Complaint Information/Receipt

The Granby Police Department is committed to providing high quality police services to the community. In order to be responsive to community needs, it is necessary to have citizen input. Your constructive comments about our service, good or bad, will help us to improve and to achieve our goals. It has been our experience that many complaints involve a misunderstanding of police policy or procedure and are often resolved by speaking with supervisory personnel.

The following is the procedure to bring these problems to the attention of the police department, either in person, by telephone, letter, email or in any other manner.

HOW TO MAKE A COMPLAINT

1. Contact the police department and ask to speak with a supervisor. The telephone number is 860-844-5335 (24/7). Complaints can also be made by mail or in person at Police Headquarters 15 North Granby Road Granby, CT 06035.

The Citizen Complaint Form is available at the police department 24 hours a day and in the Town Managers office during normal business hours.

2. After the complaint is received, a response will be mailed advising that the complaint is under investigation or you will be contacted by telephone if other information is necessary.
3. When the investigation is completed, you will receive a letter informing you of the findings and outcome of the investigation.

If you have any questions about this process or any questions about police activities, contact the police captain during business hours or any supervisor at any time.

RECEIPT

(Original to complainant, copy attached to complaint)

Signed (Supervisor receiving complaint)

Date